



**City of Ripon**  
 Public Works Department  
 259 N. Wilma Avenue  
 Ripon, Ca 95366  
 (209) 599-2151  
 Fax (209) 599-2183

## BACKFLOW PREVENTION DEVICE TEST REPORT

Owner Name / Address:

Service Name / Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Size \_\_\_\_\_ Serial # \_\_\_\_\_

Device Location \_\_\_\_\_

New Device     Temporary     Replacement    - Old Serial # \_\_\_\_\_

<b>Reduced Pressure Principle Assembly</b>
<b>Double Check Valve Assembly</b>

RP       DCDA   
 DC       RPDA   
 SVB       PVB

	Check Valve #1	Check Valve #2	Relief Valve	PVD/SVB
<b>INITIAL TEST</b>	Held at _____ PSID Leaked <input type="checkbox"/>	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ PSID  Did Not Open <input type="checkbox"/>	AIR INLET Opened at _____ PSID Did Not Open <input type="checkbox"/>
<b>REPAIRS: Give details of repairs made here.</b>	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____ Disc _____ Spring _____ Guide _____ Seat _____ Module _____ O-Ring _____ Other	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____ Disc _____ Spring _____ Guide _____ Seat _____ Module _____ O-Ring _____ Other	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____ Disc _____ Spring _____ Diaphragm _____ Seat _____ Module _____ O-Ring _____ Other	CHECK VALVE <input type="checkbox"/> Held at _____ PSID <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced with: Type: _____ Mfg: _____
<b>FINAL TEST</b>	Closed Tight <input type="checkbox"/> _____ PSID	Closed Tight <input type="checkbox"/> _____ PSID	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID

**Comments:** \_\_\_\_\_

<b>Initial Test</b>	Date _____ Time _____ Certified Tester No. _____ <input type="checkbox"/> Passed <input type="checkbox"/> Failed Tested By (Signature) _____ Print Name _____
<b>Repair</b>	Date _____ Time _____ Certified Tester No. _____ Repaired By (Signature) _____ Print Name _____
<b>Final Test</b>	Date _____ Time _____ Certified Tester No. _____ <input type="checkbox"/> Passed <input type="checkbox"/> Failed Tested By (Signature) _____ Print Name _____